



THE UNIVERSITY of TEXAS  
HEALTH SCIENCE CENTER  
AT HOUSTON

## UTHSC MRI Center

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# EXAMINATION ORDER FORM

SCAN TIME/DATE: \_\_\_\_\_ NAME (Study name or Code number): \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ PT ID# \_\_\_\_\_

PATIENT D.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: MALE FEMALE

PATIENT IS: RIGHT HANDED or LEFT HANDED HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

REFERRING PHYSICIAN: BEAUCHAMP PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

### PLEASE CHECK EXAM REQUIRED BELOW

#### MRI of Head & Neck

\_\_\_\_\_ Temporomandibular Joint  
\_\_\_\_\_ Orbits/ Face/ Neck  
\_\_\_\_\_ Head, Attention to IACS  
\_\_\_\_\_ Brain Without Contrast  
\_\_\_\_\_ Brain With & Without Contrast\*  
\_\_\_\_\_ Pituitary With & Without Contrast\*

#### MRI of Spine

\_\_\_\_\_ Cervical Without Contrast  
\_\_\_\_\_ Cervical Spine With & Without Contrast\*  
\_\_\_\_\_ Thoracic Without Contrast  
\_\_\_\_\_ Thoracic With & Without Contrast\*  
\_\_\_\_\_ Lumbar Without Contrast  
\_\_\_\_\_ Lumbar With & Without Contrast\*

#### MRI of Extremities

\_\_\_\_\_ LEFT Knee  
\_\_\_\_\_ RIGHT Knee

#### MRI of Abdomen & Pelvis

\_\_\_\_\_ Abdomen  
\_\_\_\_\_ Pelvis

#### MRA

\_\_\_\_\_ Head  
\_\_\_\_\_ Neck

#### \* REQUIRED INFORMATION FOR ALL CONTRAST ORDERS:

- Contrast Injection X 1 dose via IVP / Injector (dose 0.2ml/kg with Max dose of 20ml)
- Patient who is  $\geq 50$  years old and/or with history of Kidney disease will need a STAT Creatinine done (if no serum creatinine has been performed in the last 2 weeks.)

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Special Instructions:

PRIMARY INVESTIGATOR SIGNATURE: \_\_\_\_\_

ACCOUNT NUMBER FOR CHARGE: \_\_\_\_\_